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Bib Data Sheet

CONFIRMATION NO. 9942

<b>SERIAL NUMBER</b> 10/080,797	<b>FILING OR 371(c) DATE</b> 02/21/2002 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1635	<b>ATTORNEY DOCKET NO.</b> OP/4-31881A
<b>APPLICANTS</b> Romulus Kimbro Brazzell, Alpharetta, GA; Add: Michael Kaleko, Rockville, MD Peter Anthony Campochiaro, Baltimore, MD; Tianci Lu, Clarksville, MD Katharine Hilary Dixon, Olney, MD; <i>Jan 9-29-06</i>				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/270,787 02/22/2001 and claims benefit of 60/281,296 04/04/2001 <i>Jan 9-29-06</i>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <i>Jan 9-29-06</i> <b>** 03/22/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Jan 9-29-06</i> Allowance Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 42
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 35928				
<b>TITLE</b> Method of treating ocular neovascularization				
<b>FILING FEE RECEIVED</b> 1266	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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SERIAL NUMBER	FILING OR 371 (c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET
10/080,797	02/21/2002	424	1635	OP/4-318
RULE				

## APPLICANTS

Romulus Kimbro Brazzell, Alpharetta, GA;  
Peter Anthony Campochiaro, Baltimore, MD;  
Katharine Hilary Dixon, Olney, MD;  
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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/270,787 02/22/2001  
and claims benefit of 60/281,296 04/04/2001

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING

LICENSE GRANTED \*\* 03/22/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPEN CLAIM
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	GA	0	42	1
Verified and Acknowledged	Examiner's Signature	Initials			

## ADDRESS

35928

## TITLE

Method of treating ocular neovascularization

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1266

ACCOUNT

No. \_\_\_\_\_ for following:

☐ 1.18 Fees ( Issue )

☐ Other

☐ Credit